

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/744484
APPLICANT(S)

FILING DATE

CLAIMS

AS FILED AFTER
1st AMENDMENT AFTER
2nd AMENDMENT

IND.	DEP.	IND.	DEP.	IND.	DEP.
1		1			
2		2			
3					
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48					
49					
50					
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIM					
PTO-1					
(3-78)					

IND.	DEP.	IND.	DEP.	IND.	DEP.
51					
52					
53					
54					
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95					
96					
97					
98					
99					
100					
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					

*MAY BE USED FOR ADDITIONAL CLAIMS

BEST AVAILABLE COPY